WELCOME!

Dr. Miller-Meeks, B.S.N., M.Ed., M.D., Director IOWA DEPARTMENT OF PUBLIC HEALTH

Gerd W. Clabaugh,

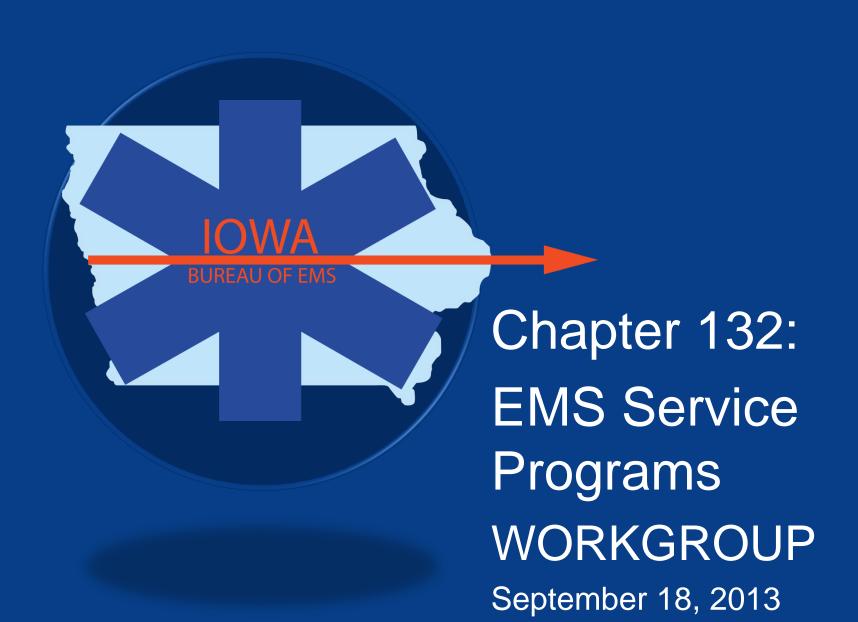
Deputy Director & Division Director,

ACUTE DISEASE PREVENTION & EMERGENCY RESPONSE

Rebecca Curtiss, Bureau Chief,

Center for Disaster Operations and Response Interim Chief for the

BUREAU OF EMERGENCY MEDICAL SERVICES





Timeline: State EMS

- 1969 State EMS
 Section established
- 1986 Field staff added
- 1993 IDPH named Lead Agency for EMS
- 1995 EMS Section receives Bureau status
- 2013 Bureau status unknown

- Bureau Staffing
 - 1978 9
 - 1979 5
 - 1989 9
 - 1990 10
 - 1992 7
 - 1993 9
 - 1994 10
 - 1995 - 13
 - 1998 15
 - 2003 17
 - 2004 15
 - 2013 11 (no chief)



Timeline: Iowa EMS Regulations

- 1978 147A Emergency Medical Care
- 1979 Chapter 132 established
 - Revisions: 1980's 22; 1990's 13; 2000 8; 2010's 4
- 1993
 - NT may transport on occasion
- 1994
 - Renewal fee dropped for FR-D & EMT-D
- 1995
 - Basic Care Law Minimum Ambulance Standards
- 2000
 - HF 2333

Milestones: Chapter 132

- 1 EMT and driver
- Conditional staffing
- Occasional transport
- Ambulance with transport agreement
- Operational items:
 - Minimum protocols
 - CQI program
 - Emergency driving and communications
 - Chapter 11: Drugs in EMS Programs

Services: Trends

- Total numbers:
- Ambulance services (24/7):
 - 2005: 42% 2010: 38% 2013: 37%
- Ambulance services with TA:
 - 2005: 8% 2010: 13% 2013: 14%
- NT
 - 2005: 50% 2010: 48% 2013: 47%
- AMT is 1% 2%
- Base of operations:
 - Fire: 55% Hospital: 8% Private: 12% Other: 25%

Providers: (does not include legacy levels or ILEECP)

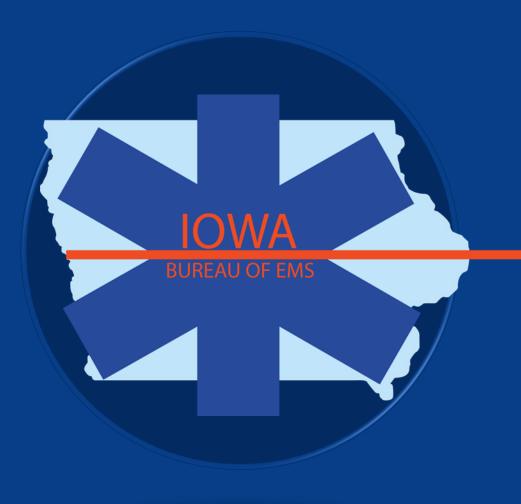
Average: 12,388

• High (2005): 12,712

• Low (2012): 11,817

January 2013: 12,047

- 63% of certified individuals are on rosters
- Non-certified drivers: 2331
- RN Ex: 2008: 381 2010: 495 2013: 485
- EMT's represent 57%, up from 55% in '07
- Paramedics represent 24% up from 19% in '07
- 70% male and 30% female
- Average age is between 40-49



OVERVIEW OF CHAPTER 132

641—132(147A)

- 641 = Department
 - Iowa Department of Public Health
- 132 = Chapter
 - EMS Service Program Authorization
- 147A = Enabling legislation
 - Emergency Medical Care—Trauma Care

Iowa Code & Administrative Rules

Sections of the Code of Iowa and Administrative Rules that pertain to EMS are a download here.

Documents denoted by he are available in Portable Document Format (.pdf). If Adobe Acrobat Reader is not installed on your system, download and install the A Adobe® to view these documents.

- Chapter 147A Emergency Medical Care -- Trauma Care
- On-Site Medical Treatment 🏂
- Chapter 130 Emergency Medical Services Advisory Council
- Chapter 131 EMS Provider Education/Training Certification
 Chapter 132 EMS Service Program Authorization
- Chapter 133 White Flashing Light Authorization
- Chapter 134 Trauma Care Facility Categorization and Verification
- Chapter 135 Trauma Triage and Transfer Protocols
- Chapter 136 Trauma Registry
- Chapter 137 Trauma Education and Training
- Chapter 138 Trauma System Evaluation Quality Improvement Committee
- Chapter 139 Iowa Law Enforcement Emergency Care Provider
- Chapter 140 EMS System Development Grants
- Chapter 141 Love Our Kids Grant
- Chapter 142 Out of Hospital Do-Not-Resuscitate Orders
- Chapter 143 Automated External Defibrillator Program
- Chapter 144 EMS Air Medical Service Program Authorization
- Iowa Good Samaritan (613.17 Emergency assistance in an accident)
- Chapter 11 Drugs in EMS Programs

641 - 132 (147A)

Chapter 132 applies to all authorized lowa EMS Service Programs:

- Paid or Volunteer
- Nontransport or Ambulance
- Call Volume: 10 or 10,000
- Urban or Rural

Definitions

- "Department" means...
- "Medical Director" means...

Service authorization and renewal, inspections and transfer or assignment of certificates of authorization.

- System Registry is official application
- Authorization period, renewals and inspections
- Inclusive authorization (city)
- National accreditation
- Out-of-state services
- Temporary services

Service program levels of care and staffing standards

- Level of care and staffing, contingency plans, TA
- Operational requirements PCR's, personnel files, medical direction, protocols, RN/PA, etc,
- Equipment and vehicle standards -- Pharmacy, telecommunications, etc.
- Preventive maintenance Vehicle housing, equipment storage, cleanliness
- Data and confidentiality

Service program – off-line medical direction

- MD duties: protocols, liaisons, CEH, monitoring performance, developing MO, etc.
- Supervising physicians, physician designees and other appointees duties: CQI
- Written audits include ...

Temporary variances

- Authorized services
- Not to exceed 6-months

Transport options for fully authorized EMT-P, PS and paramedic service programs

 May determine if emergent or nonemergent transportation is needed

